

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled "HYDROPHOBICALLY MODIFIED POLYSACCHARIDE IN PERSONAL CARE PRODUCTS" the specification of which [X] is attached hereto [x] was filed on _____ as Serial No. _____ and was amended on _____; I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above; and I acknowledge the duty to disclose information which is material to the examination of this application in accordance with title 37, Code of Federal Regulations, Sec. 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)			Priority Claimed	
_____ (Number)	_____ (Country)	_____ (Day/Month/ Year Filed)	[] Yes	[] No
_____ (Number)	_____ (Country)	_____ (Day/Month/ Year Filed)	[] Yes	[] No

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Sec. 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status)
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